

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF ALABAMA

DEFINITION OF A CLAIM

**Effective Date:** 10/01/80

Within the guidelines of 42 CFR 447.45(b), the definition of a claim for each of the several types of covered services provided recipients through the Alabama Medicaid Program is included in this attachment. In each of the definitions the term "claim form" is used. This does not limit the submission of claims to hardcopy. Submission of claims in any Medicaid prior approved method is acceptable. This could include magnetic tape, diskettes, or continuous form billing.

1. Inpatient Hospital Claim

An Inpatient Hospital Claim is a bill for all services provided a recipient by a provider and submitted for payment on an approved Medicaid claim form for each in-hospital period in a calendar year.

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2. Outpatient Hospital Claim

An Outpatient Hospital Claim is a bill for all services except physician charges provided a recipient by a provider and submitted for payment on an approved Medicaid claim form for each visit, except for chemotherapy and radiation therapy which may be span billed for services rendered during a calendar month.

3. Rural Health Clinic Claim

A Rural Health Clinic Claim is a bill for all services provided a recipient by a provider and submitted for payment on an approved Medicaid claim form for each encounter.

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4. Renal Dialysis Center Claim

A Renal Dialysis Center Claim is a bill for all services provided a recipient by a provider and submitted for payment on an approved Medicaid claim form. A claim may be for each visit or span billed for services provided during a calendar month.

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5. Physicians Claim

A Physician Claim is a bill for all services identified by procedure codes provided to a recipient over a period of time by a provider and submitted for payment on an approved Medicaid claim form.

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6. Laboratory Claim

A Laboratory Claim is a bill for all services provided a recipient over a period of time by a provider and submitted for payment on an approved Medicaid claim form.

7. X-ray Services Claim

An X-ray Services Claim is a bill for all services provided a recipient over a period of time by a provider and submitted for payment on an approved Medicaid claim form.

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8. Home Health, Family Planning, Prenatal, Hearing Aid, EPSDT Claim

A claim for each of these covered services will be a bill for all services provided a recipient by a provider and submitted for payment on an approved Medicaid claim form.

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9. Durable Medical Equipment/Supplier Claim

A Durable Medical Equipment/Supplier Claim is a bill for item(s) by procedure code, provided a recipient for one date or over a period of time by a provider and submitted for payment on an approved Medicaid claim form.

10. Optometric Claim

An Optometric Claim is a bill for services by a provider over a period of time for all procedures provided a recipient and submitted on an approved Medicaid claim form.

11. Ambulance Service Claim

An Ambulance Service Claim is a bill for all services provided to a recipient for one date of ambulance service by a provider and submitted for payment on an approved Medicaid claim form.

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12. Pharmacy Claim

A Pharmacy Claim is a bill for one prescription filled for a recipient by a pharmacy provider and submitted on an approved Medicaid Pharmacy Claim Form or any Medicaid prior approved method of submission of pharmacy claims (e.g. tape-to-tape, continuous form billing, etc.).

A medical claim which contains one or more injectable drug line items is deemed to be one drug claim, for administrative reimbursement purposes only.

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13. Dental Claim (EPSDT related)

An EPSDT related dental claim is a bill for all services identified by procedure code provided to a recipient over a period of time by a provider and submitted for payment on an approved Medicaid claim form.

14. Group Claim

A Group Claim is a claim for long term care services which lists each recipient as a line item for a period of service by a provider and is submitted for payment on an approved Medicaid claim form.

15. Medicare Crossover Claim

A Medicare Crossover Claim is a bill for services provided a recipient by a provider and submitted on an approved federal form containing an Alabama Medicaid Recipient Number, together with a copy of the explanation of Medicare benefits paid, including deductible and coinsurance paid. (With prior approval of Medicaid, the submission may be by tape-to-tape transfer.)

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